

Registration Application for Pharmacy Technician
South Dakota Board of Pharmacy
4305 South Louise Ave., Suite 104, Sioux Falls, SD 57106
605-362-2737
Fee: \$25.00

☐ Initial Application

☐ Renewal Application

Initial registration required within 30 days of accepting employment as a technician.

It is the technician's responsibility to renew the registration prior to expiration date and to report a change of name, address, or employment status within 10 days of such change.

INSTRUCTIONS:

- *Type or print in ink complete answers to all information requested.*
- *Sign where indicated.*
- *Remit completed application and \$25 fee to South Dakota Board of Pharmacy.*

PERSONAL INFORMATION

Technician Name _____
*Last**First**Middle Initial**Maiden*

Home Address _____
*Street/PO Box**City**State**Zip*

Telephone Number _____ ☐ Male ☐ Female

Date of Birth _____ Social Security Number _____

EMPLOYMENT

Please indicate all **South Dakota** pharmacies where you are currently employed as a pharmacy technician.

PHARMACY NAME, ADDRESS, CITY _____ PHARMACY LIC.# _____ DATE HIRED _____ HOURS/WK _____

Are you currently a Nationally Certified Pharmacy Technician? ☐ Yes ☐ No

If "yes", what is your recertification date? _____

Have you ever been registered as a pharmacy technician in any other state? ☐ Yes ☐ No

If yes, please list the states and the dates: _____

WORK HISTORY

Please list your work experience for the past five years, starting with the most recent (use additional sheet if necessary). Do not include current employment which you have already listed above.

BUSINESS/COMPANY NAME	COMPANY ADDRESS	CITY, STATE, ZIP	POSITION TITLE	DATES EMPLOYED

EDUCATION

Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 High school graduate or equivalent (GED)? ☐ Yes ☐ No

Name and location of schools or training	Dates attended		Field of Study	Degree or Certificate Obtained
BEYOND high school	MM/YY	to MM/YY		

Declaration of current impairment or limitations (ARSD 20:51:29:08)

Have you ever been counseled, reprimanded, or terminated from a job because of the use of any drugs, alcohol, or other chemical substances, or do you have any physical or mental condition which in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety?

☐ Yes ☐ No If you responded "yes", please explain on a separate sheet.

Felony or misdemeanor crimes (ARSD 20:51:29:09)

Have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (*other than minor traffic violations with fines under \$100*)?

☐ Yes ☐ No If you responded "yes", please explain on a separate sheet.

I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Pharmacy Technician Applicant

Date